Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: ____ C B. WING 10/09/2019 IL6004410 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1740 NORTH CIRCUIT DRIVE HILLCREST RETIREMENT VILLAGE **ROUND LAKE BEACH, IL 60073** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Facility reported incident of 9/29/2019/IL116519 investigation S9999 S9999 Final Observations Statement of Licensure Violation 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, Attachment A seven-day-a-week basis: Statement of Licensure Violations 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 10/18/19

If continuation sheet 1 of 7

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING IL6004410 10/09/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1740 NORTH CIRCUIT DRIVE HILLCREST RETIREMENT VILLAGE ROUND LAKE BEACH, IL 60073 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These Regulations were not met as evidence by: Based on observation, interview, and record review the facility failed to safely transfer one of three residents (R1) reviewed for falls. This facility failure resulted in R1 sustaining a broken clavicle, broken scapula, and broken ribs, having severe pain, and an increase in R1's immobility. The findings include: The facility face sheet for R1 shows diagnoses to include: Multiple Sclerosis, flaccid hemiplegia of the left side, chronic obstructive pulmonary disease, depression, anxiety, and nontraumatic intracerebral hemorrhage. The facility assessment dated 9/26/19 shows R1 to be cognitively intact and requires extensive assist of two staff to complete personal care and transfers. The assessment also shows R1 has impaired mobility to both sides for her upper and lower extremities. The facility reported incident dated 9/30/19 shows R1 was being transferred using a mechanical lift on 9/29/19 when the mechanical lift sling hook malfunctioned and R1 fell on her right side. On 10/9/19 at 9:15 AM, R1 was lying in bed leaning to her right side. R1 was wearing oxygen and her breathing was fast and labored. R1 was

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coughing with a pained expression on her face.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The St	E CONSTRUCTION	(X3) DATE SURVI		
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	(mechanical) lift bro landed on the legs of hurts to cough, it hurts to bed now it hurts thappen again." R1 and wishes she couup better. R1 said to because she was hid dinner one night; the choke, so they put lift out of bed by five staff turned R1 incontinence care a R1. R1 was moanichurts". The staff has	D PM, R1 was being assisted taff and the mechanical lift. from side to side to provide and placed the lift sling undering and saying, "It hurts, it ad to stop giving care at one me to rest. R1 was coughing					
	Nursing Assistant) si that was transferrin they were moving F wheelchair, the met and R1 fell to the flolift. V10 said R1's fishe had the wind kill on 10/9/19 at 11:35 helping R1 get out the mechanical lift. R1 from her bed to hook on the lift just the floor landing on looked like she had	B AM, V10 CNA (Certified said she was one of the staff g R1 on 9/29/19. V10 said as R1 from her bed to the tal hook on the lift broke off foor landing on the legs of the face turned red and looked like mocked out of her. D AM, V9 CNA said she was of bed the night she fell from V9 said as they were moving the wheelchair, the metal "snapped". V9 said R1 fell to the legs of the lift. V9 said R1 the wind knocked out of her. PM, V6 RN (Registered he was called to the room					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY
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	after R1 fell from the the legs of the lift of On 10/9/19 at 9:50 metal piece that was	e lift, she found R1 lying on rying and saying her back hurt. AM, V1 Administrator said the sholding the 4 hook on the mechanical lift. V1 said				
	it was metal on met break.	al friction that caused the				
	Nurses) said the me	AM, V2 DON (Director of echanical lifts had not been for over a year. V2 said the ked monthly and it was not staff.				
	said the facility did	AM, V3 nursing supervisor not have any logs for checking . V3 said, "It was not being				
		PM, V7 Maintenance were no routine inspections or done on the lifts.				
	facility should be ch said having the me	5 AM, V4 service ne mechanical lifts said the necking the lifts monthly. V4 tal break on the mechanical lift e has never seen this happen.				
	taken at the facility clavicle after the fall pain medications we pain. V2 said R1 we next morning for country and more x-rays we discovered R1 had said R1 was seen to	PM, V2 DON said the x-ray showed R1 had a broken right of from the lift. V2 said R1's ere increased to help with the ras sent to the hospital the entinued complaints of pain ere taken and it was some broken ribs as well. V2 by a pain specialist while at the enal pain medications were				

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ B. WING 10/09/2019 IL6004410 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1740 NORTH CIRCUIT DRIVE HILLCREST RETIREMENT VILLAGE **ROUND LAKE BEACH, IL 60073** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE FEACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PRÉFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 ordered for R1 to help with the pain. V2 said R1's diet order was changed to a pureed diet after the nurse felt she was coughing too much and was afraid she would choke due to all the coughing at the table. V2 said R1 will be seen by the speech therapist to evaluate her swallowing. V2 said R1 will be getting up for all meals to avoid respiratory problems and four staff will be assisting her with the transfer. On 10/9/19 at 2:00 PM, V5 (R1's doctor) said R1 has a broken clavicle, a broken scapula and broken ribs. V5 said basically her right shoulder is broken. V5 said R1 will have a very long and painful recovery and his biggest concern is R1 developing pneumonia. V5 said R1 is being given as much pain medication as is possible. V5 said R1 will have limited range of motion to her right shoulder because of the injury she sustained from falling out of the mechanical lift. On 10/9/19 between the hours of 10:25 AM and 11:27 AM, V11-V15 all CNA's said they never check the metal parts of the mechanical lift before transferring a resident. The nursing progress note dated 9/29/19 shows R1 fell from the mechanical lift after the metal part broke on the lift. The note dated 9/30/19 at 3:39 AM shows the results of the x-ray shows a right fractured clavicle. The nursing progress notes dated 10/7/19 (day of readmission to facility from the hospital) to 10/9/19 shows R1 complaining of pain, receiving a strong narcotic for pain relief, needing assist of four staff to get out of bed, and a congested frequent cough. The x-ray dated 9/30/19 shows R1 has a fracture

of the right clavicle.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
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	The hospital discha R1 shows the addit new dosage for her and as needed pair treatment. The Physician's Ord	arge papers dated 10/7/19 for ion of a narcotic pain patch, a scheduled narcotic pain pills, a medications, and a breathing ders Sheet (POS) for R1 dated areed diet, speech therapy							
	evaluation, breathing treatments, and oxygen. The POS also shows the changes in R1's pain narcotic regimen.								
		dated 10/8/19 for R1 shows na and multiple right sided rib							
	mechanical lift is be reassure the reside anti-anxiety medica her anxiety was init fall). The care plan for R1 prior to the farelief as needed. Tof shortness of breaneuromuscular imp	In printed on 10/9/19 shows a sing used for safe transfers, and during transfer and attions are available related to liated on 7/2/19 (Prior to the also shows a history of pain all and staff are to provide pain the same care plan for history ath dated 7/2/19 shows due to airment, and decreased lung risk for complications with her							
	results for the mecha year ago). The noinspected was on 9 mechanical lift had	d mechanical lift inspection nanical lifts dated 6/6/18 (over ext time the lifts were /30/19 at which time one a broken hanger bar and orn hanger bar that was in ht.							
	shows a general vis	al for the mechanical lifts sual inspection of the external ons should be carried out to				l i			

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING 10/09/2019 IL6004410 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1740 NORTH CIRCUIT DRIVE HILLCREST RETIREMENT VILLAGE **ROUND LAKE BEACH, IL 60073** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \$9999 S9999 Continued From page 6 ensure no adverse damage has occurred. The manual also shows apply lithium grease to all smooth surfaces where metal on metal contact occurs. (B)

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